

**PATENT**

Attorney Docket No.: 2001P16707US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Peggy Stumer )

Serial No.: 09/965,457 )

Filed: September 27, 2001 )

For: Transparent Interchangeable  
Network (TIN) )

Group Art Unit: 2616 )

Examiner: Dmitry LEVITAN )

*Certificate of Facsimile Transmission*

I hereby certify that this Correspondence including the below listed number of pages is being Facsimile Transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the below listed date to the below listed fax number.

Date of Trans: February 15, 2007

Fax Number: 571-273-8300

No. of Pages: 2+3+8 Pages = 11

By: 

Jeannette L. Tardif

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FEB 15 2007

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED**  
**UNINTENTIONALLY UNDER 37 CFR 1.137(B)**

Mail Stop AMENDMENT  
 Honorable Commissioner of Patents  
 and Trademarks  
 Washington, D.C. 20231

Sir:

This application became abandoned on for failure to file a timely reply to a First Office Action mailed August 18, 2005. This Petition for Revival is being filed within three (3) months of the date the application passed into abandonment pursuant to the telephone conference with the Examiner on December 12, 2006. The response required, in the form of an Amendment (to the first Office Action), is attached.

**STATEMENT**

This application became abandoned because the failure to prosecute was an unintentional delay. The entire delay in filing the reply with the correct Serial Number, from the due date until

Adjustment date: 01/25/2008 CKHLOK  
 02/16/2007 SSESHE1 00000117 192179 09965457  
 01/15/2007 1500.00 CR

09965457

192179

00000117

SSESHE1

02/16/2007

1500.00

DA

01 FC:1453

Petition to Revive

Atty Dkt No.: 2001P16707US

Serial No.: 09/965,457

the filing of this petition was unintentional. Since this application was filed after June 8, 1995,  
no terminal disclaimer is required.

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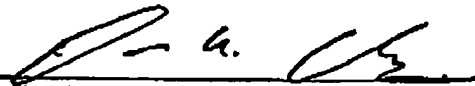
FEB 15 2007

Please charge the fee for this Petition to Revive, in the amount of \$1,500 to the  
undersigned's Deposit Account No. 19-2179. The Commissioner is hereby authorized to charge  
any other fees that may be required, or credit any overpayment to Deposit Account No. 19-2179.

Date: 15 Feb 07

Respectfully requested,

SIEMENS CORPORATION  
Customer Number: 28524  
Intellectual Property Department  
170 Wood Avenue South  
Iselin, New Jersey 08830  
ATTENTION: Elsa Keller, IP Department  
Telephone: (732) 321-3026

By:   
David D. Chung, Reg. No. 38,409  
Attorney for Applicants  
Direct Dial: 408-492-5336  
Fax: 408-492-2473

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |                              |                             |   |             |
|---|-----------------------------------|------------------------------|-----------------------------|---|-------------|
| 1 Date of Request: 01/10/08                           |                                   | 2 Serial/Patent # 09/965,457 |                             |   |             |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER<br>NUMBER            | 5 DATE<br>FILED             | 6 AMOUNT  |             |
|   | Filing                            |                              |                             | \$  |             |
|   | Amendment                         |                              |                             | \$  |             |
|   | Extension of Time (2253)          |                              |                             | \$  |             |
|   | Notice of Appeal/Appeal           |                              |                             | \$  |             |
| X   | Petition (1453)                   |                              | 02/15/07                    | \$ 1,500.00   |             |
|   | Issue                             |                              |                             | \$  |             |
|   | Cert of Correction/Terminal Disc. |                              |                             | \$  |             |
|   | Maintenance                       |                              |                             | \$  |             |
|   | Assignment                        |                              |                             | \$  |             |
|   | Other                             |                              |                             | \$  |             |
|   |                                   |                              | 7 TOTAL AMOUNT<br>OF REFUND |   | \$ 1,500.00 |
|   |                                   |                              | 8 TO BE REFUNDED BY:        |   |             |
|   |                                   |                              | Treasury Check              |   |             |
|   |                                   |                              | X                           | Credit Deposit A/C #:   |             |
|   |                                   |                              | 9                           | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 1   9   --   2   1   7   9 </div> |             |
| 10 REASON:  |                                   |                              |                             |   |             |
|   | Overpayment                       |                              |                             |   |             |
|   | Duplicate Payment                 |                              |                             |   |             |
| X   | No Fee Due (Explanation):         |                              |                             |   |             |
| Pet. Granted  |                                   |                              |                             |   |             |
|   |                                   |                              |                             |   |             |
|   |                                   |                              |                             |   |             |
| 11 REFUND REQUESTED BY:                               |                                   |                              |                             |   |             |
| TYPED/PRINTED NAME: Charlema Grant                    |                                   | TITLE: Atty                  |                             |   |             |
| SIGNATURE: /Charlema Grant/                           |                                   | PHONE: X-3215                |                             |   |             |
| OFFICE: OP  |                                   |                              |                             |   |             |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |                              |                             |   |             |
| APPROVED:   |                                   | DATE: 1/25/08                |                             |   |             |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*